

**Onsite Wastewater System Assistance Program (OSWAP) Approval Form
(Notice to Lender of Pre-Construction Plan Approval and Final Approval)**

County _____ County Permit # _____

Owner s Name: _____

Address: _____

Phone: _____ (H) _____ (W) _____ (C)

Property Address: _____

Legal Description: _____ 1/4 _____ 1/4 _____ 1/4 Section _____ Twp. _____ Range _____

Lat.: _____ **Long.:** _____ **Parcel #:** _____

Existing System Description: _____

Type of Building:

1. Home: # Bedrooms _____ High Water Use Appliance(s) _____

2. Other: Describe: _____ Ave. Daily Flow (Gallons/Day) _____

Soil Analysis Results:

1. Soil Description: _____ Limiting Layer Depth: _____

2. Percolation Test Rate (if used): _____ (Minutes/Inch) _____ # of Test Holes

3. Suitable for soil absorption system? Yes ____ No ____

Planned Onsite Wastewater System:

1. Septic Tank: # Tanks _____ Total Capacity (Gallons) _____ Material _____

2. Secondary Treatment System:

a. Soil Absorption: Type _____ Total Length _____ Depth _____

b. Other: Type _____ Size _____

3. Additional Treatment (if applicable): _____

4. NPDES Permit Required? Yes ____ No ____ Applied For? Yes ____ No ____

5. Management Plan Description: _____

Signature of Applicant _____ **Date** _____

Application Approved _____ **Date** _____

County Representative

OSWAP Loan Approved? Yes ____ No ____ Lender Name: _____

Is Installed System Same as Plan? Yes ____ No ____ If not, describe installed system: _____

OSWAP # (Co., Yr., #) ____ - ____ - ____

Final Inspection _____ **Date** _____

County Representative